

PSN/CIU CLIENT ADMISSION FORM

Parole Services Network

Client Name: _____ **CDC NO.** _____ **Provider:** _____ **Modality:** _____ (DTX-ODF-RDF-SOB)

Admission Date: ____ - ____ - ____ **Gender:** (Check One)

Referral Source: (Check One)

Date of Birth: _____ ☐ Male (1) ☐ Female (2)

☐ Prison (C)

Prison/Referral SrcName: _____

CADDS #: _____

☐ Other (O)

Parole Unit: _____

Disability: (Check One)

☐ Parole (P) (Direct Source Only) **Parole Agent Name:** _____

☐ None (0) ☐ Visual (1) ☐ Hearing (2) ☐ Mobility (3) ☐ Speech (4) ☐ Developmental (5) ☐ Other (6) ☐ Multiple (9)

Marital Status: (Check one)

Race: (Check One)

☐ All Others (5)

Years of Completed Education: (Check One)

☐ Never Married (1) ☐ Curr. Married (2)

☐ White (1)

Ethnicity: (Check One)

☐ No Formal School (00)

☐ Bachelors (16)

☐ Divorced (3) ☐ Separated (4)

☐ African American (2)

☐ Non-Hispanic (1)

☐ Completed Grade _____

☐ Masters (18)

☐ Widowed (5) ☐ Living w/Sig Other (6)

☐ Asian Pacific Islander (3)

☐ Mex/Mex-American (2)

☐ GED (13)

☐ Ph.D. or Higher (20)

Number of Children: _____

☐ American Indian (4)

☐ Other Hispanic (3)

☐ AA (14)

Living Status at Admission: (Check One)

Primary Drug of Choice: (Check One)

Employment Status at Admission: (Check One)

☐ Sober Living Center (0)

☐ Hotel/Motel (6)

☐ Heroin (1)

☐ Meth/Amphetamine (4)

☐ Full Time (35+hrs/week) (1)

☐ Own/Rent House/Apt. (1)

☐ Prison (7)

☐ Alcohol (2)

☐ Hallucinogens (5)

☐ Part Time (<35 hrs/week) (2)

☐ Live w/ Friend/Family (2)

☐ Jail/Police (8)

☐ Cocaine/Crack (3)

☐ Other/Unknown (6)

☐ Unemployed (Looking for Work) (3)

☐ County AOD Program (3)

☐ Homeless (9)

☐ Not in Labor Force (Student, Disabled, etc.) (4)

☐ Hospital/Tx Center (4)

☐ Other (10)

of Prior Treatment Episodes: _____

☐ Shelter (5)

Ever Used Needles: (Check One) ☐ Yes ☐ No

Age of First Drug Use: _____

Name of SAP: _____

Ever in Jail for Violating Probation? Yes____) No____)

of Years of Problem Use: _____

Dates of Participation: From: _____ To: _____

Ever Expelled From School? Yes____) No____)

Age of First Arrest: _____ Graduated From SAP? Yes____) No____)

Ever Fired or Terminated From a Job? Yes____) No____)

of Arrests: _____ Participated/Referred to SASCA? Yes____) No____)

Ever Worked Full Time For 1 Employer Six Months or More? Y__ N__

Participated in In-Prison SAP? Yes____) No____)

Dates of Participation? From: _____ To: _____ Ever Diagnosed With a Major Mental Illness? Yes____) No____)

PSN TRANSFER/DISCHARGE

Parolee Services Network

Complete This Section When Client Remains in Treatment

Client Name: _____ D.O.B. _____ CDC No. _____ CADDs No. _____
 (First Name/Last Name)

Discharge From: _____ Provider: _____ Modality: _____ Date: \ \

Transfer/Admit To: _____ Provider: _____ Modality: _____ Date: \ \

(DTX-ODF-RDF-SOB)

NEW CADDs No. _____

Complete This Section ONLY Upon Completion of Treatment Episode

Client Name: _____ CDC No. _____ CADDs No. _____
 (First Name/ Last Name)

Discharge From: _____ Provider: _____ Modality: _____ Date: \ \

(DTX-ODF-RDF-SOB)

Exit Status:

(Check One)

- (1) Completed Tx plans/goals
- (2) Left before completion w/ satisfactory progress
- (3) Left before completion w/ unsatisfactory progress
- (4) Referred/transferred to County AOD program
- (5) Reincarcerated
- (6) Referred/transferred to non-county,
non-network program

Living Status at Discharge:

(Check One)

- (0) Sober Living Center
- (1) Own/Rent House/Apt.
- (2) Live w/Friend/Family
- (3) County AOD Program
- (4) Hospital/Tx Center
- (5) Shelter
- (6) Hotel/Motel
- (7) Prison
- (8) Jail/Police
- (9) Homeless
- (10) Other

Employment Status at Discharge:

(Check One)

- (1) Full Time (35+ hrs/week)
- (2) Part Time (<35 hrs/week)
- (3) Unemployed (Looking for work)
- (4) Not in Labor Force (Student, Disabled, etc.)